



## MedHealth Review, Inc.

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### Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:** 3/21/15

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of DME-ACL Brace code L1845.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of DME-ACL Brace code L1845.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The xx year old's right knee sustained an internal derangement injury in xxxx. He is status post January 2014 revision of an ACL reconstruction (tibialis posterior allograft), along with partial medial (after an initial repair and then subsequent partial resection) and lateral meniscectomies. Recurrent knee giving way was noted (on 9/19/14) despite a prescribed self-administered exercise program. Knee exam findings were unremarkable. Thigh atrophy was noted on 10/8/14. However, there was no clinical exam evidence of instability. Denials related the

lack of literature support for the brace post ACL reconstruction without the presence of objective knee instability on exam.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Despite the subjective complaints, there is no combination of objective findings that evidences clinical knee ligamentous instability. In addition, the most recent referenced guidelines and literature does not support such a brace post ACL reconstruction without instability. As noted "Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review". Postoperative bracing did not protect against reinjury, decrease pain, or improve stability. (Kruse, 2012)." Therefore the current request has not been documented to be medically reasonable and necessary.

Reference: ODG Knee Chapter; Criteria for the use of knee braces:  
Prefabricated knee braces may be appropriate in patients with one of the following conditions:

1. Knee instability
2. Ligament insufficiency/deficiency
3. Reconstructed ligament
4. Articular defect repair
5. Avascular necrosis
6. Meniscal cartilage repair
7. Painful failed total knee arthroplasty
8. Painful high tibial osteotomy
9. Painful unicompartmental osteoarthritis
10. Tibial plateau fracture

Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model:

1. Abnormal limb contour, such as:
  - a. Valgus [knock-kneed] limb
  - b. Varus [bow-legged] limb
  - c. Tibial varum
  - d. Disproportionate thigh and calf (e.g., large thigh and small calf)
  - e. Minimal muscle mass on which to suspend a brace
2. Skin changes, such as:
  - a. Excessive redundant soft skin
  - b. Thin skin with risk of breakdown (e.g., chronic steroid use)
3. Severe osteoarthritis (grade III or IV)
4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain)
5. Severe instability as noted on physical examination of knee

Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review. Postoperative bracing did not protect against reinjury, decrease pain, or improve stability.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)